

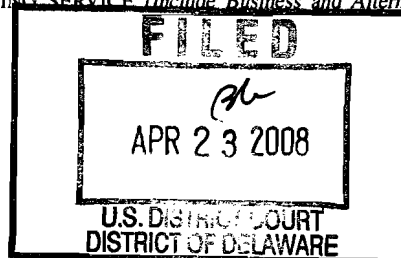
U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	ADAM T. WENZKE		COURT CASE NUMBER	SCR CA 07-504 ***
DEFENDANT	DR. SMITH		TYPE OF PROCESS	ORDER / COMPLAINT
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
	DR. SMITH CMS HEALTH CARE PROVIDER			
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
	WRYCI 1301 EAST 12th ST. Wilm, DE 19809			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			Number of process to be served with this Form - 285	1
<input type="checkbox"/> ADAM T. WENZKE #182595 D.C.C. BLDG # 21 1181 PADDOCK ROAD Smyrna, DE 19977			Number of parties to be served in this case	9
			Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

PAUPER CASE



Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

10/10/07

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 15	District to Serve No. 15	Signature of Authorized USMS Deputy or Clerk BF	Date 1-15-07
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service 4/22/08	Time am
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Signature of U.S. Marshal or Deputy

BF

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

Per med staff No longer employed  
Ret Unexecuted